

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF LICENSING SERVICES**

150 N. 18th Ave., Suite 510, Phoenix, AZ 85007

**COMPLAINT FORM**

Date:

Your Name:

Street Address:

City, State, Zip Code:

Telephone Number, Including Area Code:

State law at A.R.S. § 36-404 provides that the name of the person providing the information which causes the Department to make an inspection of a **health care institution** will be confidential and we will only disclose your name if ordered to do so by a court. If you are making a complaint against a **child care facility or group home**, state law at A.R.S. § 41-1010 requires that the name of the complainant shall be a public record unless the affected agency determines that the release of the complainant's name may result in substantial harm to any person or to the public health or safety. If you have any reason to believe that substantial harm will result to you, someone else, or the public from your disclosure, please notify the Department immediately.

Facility Name:

Facility License Number:

Facility Proprietor/Owner:

Facility Street Address:

Facility City, State, Zip Code:

Telephone Number Including Area Code:

Please attach a statement describing the nature of your complaint. If applicable, provide dates, times and locations of incidents; witness names, addresses and telephone numbers; and copies of all relevant supporting documentation.

*The investigation of your complaint may take as long as several months. When the investigation is concluded, you will be notified in writing of the results unless you have requested to remain anonymous.*

Note: All written complaints are public records and are open to the public for inspection. A.R.S. § 39-121.01. Any confidential information (i.e., names or other identifiable information of a patient) given in the complaint will be redacted (blacked out) before being made available to the public.